

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
ABORTION COMPLICATION REPORT**

☐ CORRECTION

No.

1a. RESIDENCE OF PATIENT – CITY OR TOWNSHIP		1b. COUNTY	1c. STATE	2. RACE OF PATIENT – American Indian, Asian, Black, White, Pacific Islander
3. AGE OF PATIENT	4. GESTATIONAL AGE IN WEEKS	5. DATE ABORTION PERFORMED (MONTH, DAY, YEAR)		6. DATE COMPLICATION DIAGNOSED (MONTH, DAY, YEAR)
7. PROCEDURE (INDICATE ALL)  1   ___  SUCTION CURETTAGE 2   ___  MEDICAL (NONSURGICAL) 3   ___  DILATION AND EVACUATION (D&3) 4   ___  SALINE OR PROSTAGLANDIN 5   ___  SHARP CURETTAGE ( D&C) 6   ___  HYSTEROTOMY/HYSTERECTOMY 8   ___  OTHER - <u>*SPECIFY BELOW</u> *		8. FACILITY WHERE ABORTION PERFORMED – TYPE OF FACILITY  1   ___  HOSPITAL 2   ___  HOSPITAL SATELLITE CLINIC 3   ___  FREE STAND. OUTPATIENT SURGICAL FACIL. 4   ___  PHYSICIAN'S PRIVATE OFFICE 8   ___  OTHER - <u>*SPECIFY BELOW</u> * 9   ___  UNKNOWN		9. COMPLICATIONS (INDICATE ALL)  0   ___  NONE 1   ___  SHOCK 2   ___  UTERINE PERFORATION 3   ___  CERVICAL LACERATION 4   ___  HEMORRHAGE 5   ___  ALLERGIC RESPONSE 6   ___  INFECTION 7   ___  DEATH 8   ___  OTHER - <u>*SPECIFY BELOW</u> *
10a. PHYSICIAN LICENSE NUMBER		10b. SIGNATURE OF PHYSICIAN		

**Mail to:** Vital Records and Health Data Development Section  
 Attn: Nosology Unit  
 P.O. Box 30691  
 Lansing, MI 48909

**INSTRUCTIONS**

Any physician who provides care to a woman suffering from a physician complication or death that is the result of an abortion must report the case. This responsibility is established by Act 208 of 1999, being MCL 333.2837. This form is designed for use in the reporting of such complications.

For the purpose of this reporting an abortion is defined as:

*The intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead fetus*

[MCL 333.1715]

Reports of abortion complications are required within seven days if initially providing care for the reportable complication.

Include no identifying numbers or information within the report that could be used to identify the woman suffering the complication.

If the physician providing care for the complication(s) is the physician that performed the abortion and if the complication(s) was reported on the Abortion Report form (DCH-0819), the Abortion Complication form (DCH-0819a) is not required.

Corrections to previously forwarded reports can be made by checking the box marked "correction" and clearly indicating the information to be changed in the original report.